

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10/537,395	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2	0						52			
3	0						53			
4	0						54			
5	0						55			
6	0						56			
7	0						57			
8	0						58			
9	0						59			
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47							97			
48							98			
49							99			
50							100			
Total Indep	1						Total Indep			
Total Depend	16						Total Depend			
Total Claims	17						Total Claims			

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